

9786 MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH		-63-009033	
DEPARTMENT OF PUBLIC HEALTH AND WELFARE		STATE FILE NUMBER	
Registration District No. 318		Primary Registration District No. 1003	
DO NOT WRITE ON THIS STUB		Registar's No. 2122	
AMENDED		FILED MAR 8 1963	
VS 300 Rev. 4/59		1. PLACE OF DEATH	
1		a. COUNTY	
4310-3		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	
3		Length of stay in lb	
4 1		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	
5 1		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
6		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
7 1		a. STATE b. COUNTY	
8 2		c. CITY OR TOWN	
9		d. STREET ADDRESS	
10		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
11		3. NAME OF DECEASED	
1273-0		First Middle Last	
13		Type or print	
73		4. DATE OF DEATH	
		Month Day Year	
		5. SEX 6. COLOR OR RACE 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
		8. DATE OF BIRTH 9. AGE (last birthday)	
		IF UNDER 1 YEAR IF UNDER 24 H	
		Months Days Hours Min.	
		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
		10b. KIND OF BUSINESS OR INDUSTRY	
		11. BIRTHPLACE (City and state or country)	
		12. CITIZEN OF WHAT COUNTRY	
		13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME	
		14. NAME OF HUSBAND OR WIFE	
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
		16. SOCIAL SECURITY NO. 17. INFORMANT	
		18. CAUSE OF DEATH (Enter only one cause per line)	
		PART I. DEATH WAS CAUSED BY:	
		IMMEDIATE CAUSE (a)	
		Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
		DUE TO (b)	
		DUE TO (c)	
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
		PART III. If deceased was female was there a pregnancy in last 90 day	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		20a. ACCIDENT SUICIDE HOMICIDE	
		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
		20c. TIME OF INJURY	
		Hour a.m. p.m. Month, Day, Year	
		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION	
		COUNTY	
		STATE	
		21. I attended the deceased from 7 March 1962 to 22 Feb. 1963 and last saw her alive on 21 Feb. 1963	
		Death occurred at 3:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
		22a. SIGNATURE (Degree or title)	
		22b. ADDRESS	
		22c. DATE SIGNED	
		23a. BURIAL, CREMATION, REMOVAL (Specify)	
		23b. DATE	
		23c. NAME OF CEMETERY OR CREMATORY	
		23d. LOCATION (City, town, or county)	
		(State)	
		24. FUNERAL DIRECTOR	
		25. DATE RECD. BY LOCAL REG.	
		26. REGISTRAR'S SIGNATURE	

STATE OF MISSOURI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Gustav W. Sautter

Licensed Embalmer No.

4329

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.